TO H

W	ARY	LAND	STATE	DEPARTMENT	OF HEALTH

		8438	ION OF	CERTIFICAL CERTIFICAL	AND RECORDS — BA		MARYLAND		843	2
1.	PLACE OF DEATH a. COUNTY	St. Marys		MARYLAND	2. USUAL RESIDENCE a. STATE Mar	(Where decease yland	ed lived. If institution b. COUNTY			issian)
	b. CITY OR TOWN (Leonar at	If autside carporate limi earest tawn) OWN	ts, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN		orate limits, write R	URAL and giv	re nearest ta	wn)
	d. NAME OF HOSPIT OR INSTITUTION	St. Mary			d. STREET ADDRES				e. IS R ON YES [A FARM?
	NAME OF DECEASED (Type ar print)	Infant		Boy Middle	Armstrong	4. DATE OF DEATH	Mon Ji	ily 8	3 Doy	Year 19 61
5.	SEX M	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	July 7,	1961	9. AGE (In years last birthday) — yrs.	Manths 3	YEAR IF UN Leys Hour	
	during mast of war	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OR INDI	Clemen	ts, Md			JSA	COUNTRY?
		bert E. A			Margie		rbert			
	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of a			Robert E.	Armstr	ong - C	Lement	ts. M	d.
7	Canditians, if a gave rise to i cause (a), stating lying cause last.	the under-)	Probabl	leentra		athen	uen ko	ONSET AN	D DEATH
CERTIFICATION	20g. ACCIDENT W	AS UNDERLYING [7]	(CRIBE HOW INJURY OCCURR	Lund	ty	200	EN IN PARI	PERF YES [ORMED?
MEDICAL CER	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUF Haur a. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Yes	While	NJURY OCCURRED 20e. F	PLACE OF INJURY (Hame, actory, street, affice bldg.,	farm, 20f. (Cit	y ar tawn)	(Co	unty)	(State)
	21. I certify the saw the decea 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	sed dive on)	Tu	yther	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	7/8	date state	
230	BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THEREC	ythe	23c. NAME OF CEMETERY			ation (City, tawn,		(5)	tate)
26.	Burjal	7/8/6	/	St. Joseph ADDRESS APPROVED Md	25a.	REC'D BY REGIS	rganza, STRAR 25b. REGI	Md. STRAR'S SIGN Dathan S.		

Leonardtown, Md.

DATE

or's sonature foliason -VR A15 (4) 15M 9/59 200204X

the lynn is the same to aver 1.35 St. Parys Hospitsl Burns .10 BEL , 7 van 7, 19st . Me . attempt 1 1 M. dundant . Lairest growthers . I tredon abe . Chereff - mord sond 13 fredom ---.bk ,affavechmanew - .bc. . Hectrop ven .b. and the contract of the contra Fire for asyn - Leaner those, 18.

FOR STATE HEALTH DEPT we funeral director. Page y delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Pages execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Pages 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Trans. or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours agent agent.

VS. A1SME 5M 7/S9

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

8439 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08433

•	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Whara daceasad lived, If institution: Residence before admission)
1	St. Marys MARYLAND	a. STATE Maryland b. COUNTY St. Marys
Л	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
	Chaptico	Mechanicsville
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address)	d. STREET ADDRESS o. IS RESIDENCE
	D 3	ON A FARM?
	Rural First Middle	Rural YES X NO [
1	DECEASED	Lest 4. DATE Month Dey Yeer OF
Ħ	(Type or print) Noah C.	Byler July 25 1961
4	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
П	male white WIDOWED DIVORCED 1	Dec. 18. 1946 As birthday Months Deys Hours Min.
П	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
8	dona during most of working lifa, aven if ratired)	0.1
	Farming Farm labor	14. MOTHER'S MAIDEN NAME
3	100 177111110 0 17771111	16. MOTHER S MAIDEN NAME
	Chris E. Byler	Sarah Shrock
я	(Yes no or unknown) ((Ifvestive war or detection))	NFORMANT Address
	no Chr	is E. Byler - Mechanicsville Md.
	18. CAUSE OF DEATH Enter only one causa per line for (e), (b), and (c).	15 5 Dy Let - Meetianiesville, Ind.
	PART I. DEATH WAS CAUSED BY:	ING ONSET AND, DEATH)
	IMMEDIATE CAUSE (e)	1 / / / / / / / / / / / / / / / / / / /
	DUE TO	
1	Conditions, if any, which (b)	
	gave rise to immediata ceusa	
	(a), stating the underlying	
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	<u> </u>	PERFORMED?
).	V C C C C C C C C C C C C C C C C C C C	YES NO
		nter nature of injury In Part I or Part II of itam 18.)
	CAUSE OF DEATH. WADEP INTO POR	VD O'VER HEAD-COULD NOT SWIM.
>	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
5		ory, streat, office bldg., etc.)
		EN LOND : CHUS ICO SLIMBEL LA
	21. I certify that I took charge of the remains described above, hel	ld an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes , Accident x, Suici	de, Homicide, Undetermined manner
Н	1.1 0.1	CHIEF MEDICAL EXAMINER
	ACTUAL MARKET AND ACTUAL	ASSISTANT MEDICAL EXAMINER DATE SIGNED
	SIGNATURE (1997)	M.D.
9	EXAMINER'S Wm D Barra MD	DEPUTY MEDICAL EXAMINER
	NAME (Type) Wm. D. Boyd, MD	Leonardtown, Md. 7/26/61
	REMOVAL (Spacify)	CREMATORY 22d. LOCATION (City, town, or country) (State)
	Burial 7/28/61 Amish Cemet	tery Mechanicsville, Md.
	23. FUNE ALD RECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	Robinson - Leonardtown, Md.	DATESUL 31 '61 Urlhur S. Kraus
	Kopinson - Leonardtown, Md.	I MILLIAM I WAS A STATE OF THE PARTY OF THE

STARRED STADES OF STADES OF STADES Sens Committee C SVIEW . JU St. Marra coliged adilyao manaalica di vine vair risoli establish the supplies Dec. 18, Meys Live other road sand sand Office S. Syler saroh one car .c. ---- Cirio . saler - Mac uniceville, Md. wh. D. Boye, the Landscoop, we would have the Suriol 2 / 28/01 - Anish Sometery - Hammiesville, 14. the district - neothernoed - nonfoot the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

27.10 CEDTIEICATE OF DEATH

001.27

	0230			CERTIFICA	AIL OI DE	-7111			00	404
1. PLAC	1. PLACE OF DEATH					ENCE (Whe	ere deceased lived. I		sidence before a	dmission)
St. Mary's				MARYLAND	Maryland St. Mary's					
b. CI	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)			LENGTH OF STAY IN 16	c. CITY OR TO	-	utside carporole limit	, write RURAL	and give nearest	town)
	eonard to			20hrs.	Lexing	rton F	Park			
d. N	AME OF HOSPITA	AL (If nat in hospital, g	ive street add		d. STREET AL		CLAR			RESIDENCE
6 OF	RINSTITUTION	St. Mary	's Hos	pital	128 Roos	seveli	t Avenue			ON A FARM? S □ NO¶
3. NAM	E OF	Fir		Middle	Last		4. DATE	Manth	Day	Year
DECE (Type	ASED or print)	Mary		Effie	Campbe	all	OF DEATH Jul	V	28.	1961
5. SEX			7. MARRIED	☐ NEVER MARRIED ☐	B. DATE OF BIRTH		9. AGE		DER TYEAR IF	7.6
Fem	ale	Colored	WIDOWED	_	Dec.24,1	918	42	yrs. Man	ths Days He	ours Min.
10a. USI	JAL OCCUPATIO	N (Give kind of work	done 10b. KIN	ID OF BUSINESS OR IND			ar foreign country)	12	CITIZEN OF WH	AT COUNTR
duri	Coo	ing life, even if retired)		M	aryla	nd		U.S.	A.
3. FATH	IER'S NAME		U.S.		14. MOTHER'S	MAIDEN N	AME			100
1)		Frank Fen	wick			Mar	garet Bar	per		
		R IN U. S. ARMED FOR		CIAL SECURITY NO. 17.	INFORMANT			Address	K-UTIN-	Section 1
Yes, no, o	or unknown) (If yes, give wor or dates of s	ervice)	Ag	mes Louis	e Cha	se 28 Roo	sevelt.	Ave.Lexi	ington
1R	CAUSE OF DEA	TH Enter only one co	use ner line f	or (a) (b) and (c)]	1) . 1		1)		Manya	PHETWEEN
		TH WAS CAUSED BY:	1	9 , 2 / 7 1	11/4	. ,	1 Same	/	ONSET	AND DEATH
	1	IMMEDIATE CAUSE (a)	e you la	1	no	rrecg	2	r da	41
	1 4.	DUE TO	11	4	, / /		. ///	//	014	1
Co	onditions, if ar	ny, which)	. Hu	Derland	WE T	ne	Calak.	VAR.	China a	aux
go	ve rise to in	nmediate (1 1 /1 //	1		~	T	1	1	1.
	use (o), stoting t ng cause lost.	ne under-	1111	AC	01				NY	24
1_1=) (c		ITRIBUTING TO DEATH B	IT NOT PELATED TO	THE TERMI	AL DISEASE CONDI	ION GIVEN IN	PART X 1 19. V	VAS AUTOPS
CATION	TAKI III. OIII	ER STOTHIT COT	Dillors con	_	ALL MEDILED TO	THE TERMIN	THE DISEASE CONDI	11011 017214 111	// P	ERFORMED?
	A COURTNIT WA	C LINIDERLYING TO	20L DESCRIP	BE HOW INJURY OCCUR) (F-111	Ciatum in D	Dant I as Part II of its	m 1R \	1111	s NO [
OR (IF	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	ZUD. DESCRIE	SE HOW INJURY OCCUR	CED. (Enter noture of	injury in r	distroction in diffic	11 10.)		
				1						
WEDICAL 20c.	Haur a.m.	Y Month, Day, Ye	or 20d. INJU While	RY OCCURRED 20e.	PLACE OF INJURY (Hoctory, street, office	Home, form, bldg., etc.	, 20f. (City or tawn)		(County)	(Sto
WEG	p. m.	19	at wark	1401 WILLIE	/	A			02	
21	1 certify the	t (I) (this hospito	Attended	the deceased from	5	194	6/10	118	19 A that	(I) (we) lo
			17/30	C / /						1 / 1
	v the deceas	ed dilve on	11/10	- 17_L. I' ond that	death occurred	OID-	M, from the co	uses ond on	ine dote sto	22b. DATE
1 20	A L		12 1	de ,	M.D. ATTENDING	ME	D. STAFF			SIGN
220	PHYSICIAN'S	- 1	PUV.		M.D. PHYS. 22d. ADDRE		RECTOR PHYS			
120	NAME (Type)	James P	Jarhe	ne M.D.	azu. ADDRE		eat Mills,	Maryla	and	
22- PIII	DIAL CREMATIO			3c. NAME OF REMETERY	OR CREMATORY		23d AOCATION (Cit			(CA-4-)
REA	RIAL CREMATIO	7 /73 /6	2	SC. INAME OF REMETER!	101	/	Pocarion	/ 10 mil, di cou	7	(Stote)
	ırial	1/31/61	(My rady	3 (mal,	14	Violand 1	005	S SIGNIATION	1
	ERAL DIRECTOR"			ADDRESS V		25a. REC	BY REGISTRAR 2	56. REGISTRAR		
W.C	Clarke M	attingley	Leona	rdtown, Mary	land /	DATE	- 01	Circlus	1 S. Krauk	

TO POPUTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may retained by the hospital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely from in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remave carban pagers. Pages 3 and 2 should be filed with

VR A15 (4) 15M 9/59

a' that ite at the second second Legist Merchant Later of the later 101,05.000 Agreem Courtes Colored Co. Conserved Morale 3 - 2 - 6 Charles of the part of the second THE PROPERTY OF THE PARTY OF TH A WITH STATE The state of the s

FOR STATE HEALTH DEPT.

y delay is necessary, a funeral director. Page with the State Board of Health, TO PUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death by delay is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to us tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 7 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 08435

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. STATE b. COUNTY
St. Mary's MARYLAND	Maryland b. COUNTY St. Mary's
b. CITY OR TOWN (if oulside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Rural Piney Point 4 years	Rural Piney Point
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS I e. IS RESIDENCE
	ON A FARM? YES NOXX
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer OF
(Type or print) John Lawson	Clark Death July 2, 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED X S	Sept. 14, 1892 68 yrs. Months Deys Hours Min.
1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, even if retired)	Cardline County, Virginia U.S.A.
Construction 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
???	Mattie Clark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	
(Yes, no, or unkown) (Ifyesgivewarordetesofservice)	,
	GracegL. Marshall Rt.1 Box 139 Woodford, Va.
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Infort immel
420.1 DUE TO	
Conditions, if any, which (b)	
geve rise to immediate cause	
(a), stating the underlying	
(4)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY
E TAKE III. OTHER STOCKED CONTROL CONT	PERFORMED?
<u> 5</u>	YES NO
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	inter natura of injury in Part I or Part II of item 18.)
	CE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stata)
Hour a.m. While Not While at work	ory, street, offica bldg., etc.)
21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry , and in my opinion
	ide , Homicide , Undetermined manner
death resulted from: Natural causes 4. Accident 1. Suici	
	CHIEF MEDICAL EXAMINER
SIGNATURE 1/1 /39/7	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S NAME (Type) William D. Boyd M.D.	DEPUTY MEDICAL EXAMINER 7/3/6/
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
Burial July 6,1961 Arlington Nati	onal Arlington, Va.
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE
	1 DATE UL 5 '61 Criting S. Krims
W. Clarke Mattingley Leonardtown, Maryland	1 DATE

THE WILLIAM STATE OF THE PROPERTY OF THE PARTY OF THE PAR E VINE DE A RECEIPT OF THE PARTY OF THE P THE RESERVE TO SELECT STREET

Division

5M 7/59

please execute the certificate, writing the word "pending" in pendin lin lem 18. Give Pages 1, 2, and 3 to funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

	MARYLAND	STATE DEPARTMENT OF HEALTH	
STATISTICAL	RESEARCH AND	RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	D

EYAMINED'S CEDTIEICATE OF DEATH

tem 22d Bilm	G292 8/15/61 iwk	13504
1. PLACE OF DEATH a. COUNTY -	1 2. USUAL RESIDENCE (Where deceased fived, If institution; Resid	dence bafore admission
S . Mary's Maryla	a. STATE STA	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY II	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	va naerest lown)
write RURAL and give nearast lown) Rural Maddox 24 hrs.	Falls Church	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)		I - IS DESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address)	737	a. IS RESIDENCE
	352 Peace Valley Lane	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month D	ay Yaar
(Type or print) Roland Richard	Denney DEATH July 29	1961
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	AR IF UNDER 24 HRS.
Male Colored WIDOWED DIVORCED	Aug. 22, 1905 St birthday) Months Day	s Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IN		OF WHAT COUNTRY
done during most of working life, avan if retired)		S.A.
Church Layman	14. MOTHER'S MAIDEN NAME	D . A.
Anthony Denney	Cora Williams	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yas, no, or unkown) (Ifyasgivawarordatasofsarvice)		The later was
No	Madge A. Denney, 352 Peace Valle	y Lane
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)		ONSET AND DEATH
Gon o		
Conditions, if ony, which has browning		Immed.
Conditions, if 'eny, which gave rise to immediate cause (b)		
(e), stating the undarlying DUE TO		
causa last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 208. EXTERNAL CAUSE WAS PRIMARYX or CONTRIBUTING CAUSE OF DEATH. 208. EXTERNAL CAUSE WAS CAUSE OF DEATH.	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
		YES NO
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCUI	JRED. (Enter neture of injury in Pert t or Part II of item 1B.)	
PRIMARY TO OF CONTRIBUTING Attempted to swi	im ashore from small boat	
	De. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County)	(Stele)
WhileNot While	factory, streat, office bldg., etc.)	
	Vicomico River Chaptico St.Mary	y's Md.
21. I certify that I took charge of the remains described abov	ve, held an Autopsy , Inspection X, Inquiry X, at	nd in my opinion
death resulted from: Natural causes , Accident ,	Suicide , Homicide , Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL Alas Base	ASSISTANT MEDICAL EXAMINED	DATE SIGNED
SIGNATURE AJSWY J SOUX	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE AND SOUTH	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X	/-
EXAMINER'S NAME (Type) William D. Boyd M.D. 26. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETE	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X Address (Street, city, town, or county)	DATE SIGNED 30.61. (Sieta)
SIGNATURE EXAMINER'S NAME (Type) William D. Boyd M.D. 20. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify)	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) AND ASSISTANT MEDICAL EXAMINER ADDRESS (Street, city, town, or county) Address (Street, city, town, or county) 22d. LOCATION (City, town, or country)	50.61. (Sieta)
SIGNATURE EXAMINER'S NAME (Type) William D. Boyd M.D. 20. BURIAL, CREMATION, REMOVAL (Specify) Burial Aug. 2,1961 Aug. 2,1961	M.D. ASSISTANT MEDICAL EXAMINER Address (Street, city, town, or county) Address (Street, city, town, or county) ERY OR CREMATORY 22d, LOCATION (City, town, or country) Address (Street, city, town, or country) Falls Church, Fairfax	(Siela)
SIGNATURE WILLIAM D. Boyd M.D. 120. BURIAL, CREMATION, REMOVAL (Specify) 120. BURIAL (Specify)	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) ERY OR CREMATORY 22d. LOCATION (City, town, or country) Falls Church, Fairfay 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN,	50.61. (Siela) K Co. Va.

adurante par la pagra a forti a retara la casa de la composición de la pagra de la casa a pagra de la casa de THE RESIDENCE OF THE PROPERTY OF THE PARTY O Ed to the second of the second .U.R. byot .C. malifett . . Coyd M.D. The same of the sa mitter almuser lede markers 36. S.T. small and Adla I will

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH ivision obstatistical research and records, 301 W. Preston Street, Baltimore 1, Maryland OUT MEDICAL EXAMINER'S CERTIFICATE OF DEATH OUT OF THE PROPERTY OF THE PROPERT

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NAME (Type) Wm. D. Boyd, MD Leonar dtown, could. 7/26/61			D. Boy	d, MD	Leona	rdtown, could.	7/26/61	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)	22a		DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town	, or country) (State)	
Burial 7/27/61 Amish Cemetery Mechanicsville, Md.		D	7/27/61	Amish Ce	emetery	Mechanicav	ille. Md.	
23. PUNERA PLANTE ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	23.	PUNERATOR	line -		24a.			
P.B. Robinson - Leonardtown, Md. DAYUL 31'61 Chillen & Kraus		P.B. Robin	son - L	eonardtown. N	Id. DAU	UL 31 '61 Class	ing & Krous	

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funeral director. Page sined for your files. delay is necessary, Boar " in pencil in Item 18. Give Pages 1, 2, and 3 to have funers Office along with form PM3. Page 5 may be retained burial-transit permit. File pages 1 and 2 with the State B moval, and in any event within 72 hours after death. removal, "pending"

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8444 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesad livad, If Institution: Residence before admission) e. COUNTY St. Marys Maryland Marys MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end give nearest town) California California d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rural Rural YES NO NAME OF Middle 4. DATE Month Day Yeer DECEASED OF (Type or print) DEATH HARRY KAYTAN 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR 9. AGE (In yeers IF UNDER 24 HRS. last birthdey) Months WIDOWED DIVORCED male August 1903 1De. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? self-employed

13. FATHER'S NAME Laundromat Bridgeport.

14. MOTHER'S MAIDEN NAME USA Conn. Artin Mary Krikorian 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMAN Address (Yes, no, or unkown) | (If yes give wer or dates of service) Jernigan - California. Rose C. Maryland INTERVAL BETWEEN 1B. CAUSE OF DEATH [Entar only ona causa per lina for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMED DUE TO Conditions, if eny, which geve rise to immediate cause ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's **FUNERAL DIRECTOR**: Page 3 should be used as a its designated agent, prior to burial, cremation, or rer DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO T 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De, PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata) fectory, street, office bldg., atc.) While Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection XI. Inquiry T and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Wm. D. Boyd, MD 7/21/61 NAME (Typa) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Burial Rock Creek Cemetery Q40 Washington,

ADDRES 1756 Pa. Ave NW. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

Orthur S. Kraus

Washington, DC DATE UL 2 4 '61

VS. A15ME 5M 7/59

23. FUNERAL DIRECTOR

Joseph Gawler's Sons Inc.

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Film 292 8-11-61 ams MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
08438 8445 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, il Institution, Residence before edmission) is nec.
director. P.
your files. a. COUNTY b. COUNTY St. Mary's Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporete limits, write RURAL end give neerest town) Board of h write RURAL end give neerest lown) Tall Timber California d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE delay ON A FARM? funeral Rural Rural the State B YES NO 3. NAME OF First Last 4. DATE Middle Month Year DECEASED (Type or print) DEATH 1967 JAMES VIIIL with the AUBREY MAYOR 0 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 2 with last birthday) Months Male WIDOWED DIVORCED T Give Pages 1, 2, all property of File pages 1 and 2 vent within 2 had 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) Automobile Mechanic Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Leonard Mayor Myrtle E. Ridgel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) 217 34 J. Leonard Mayor - Leonardtown. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),) INTERVAL BETWEEN ing" in pencil in like er's Office along vers as a burial-transit per removal, and in a ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Drowning - Found drowned - with massive aspiration of stomach content. XXXXXXXX This certificate should word "pending" in po Conditions, il eny, which gave rise to immediate cause 85 a Examiner's DUF TO (e), steting the underlying pesn cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? sase execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be Acute alcoholism YES TO NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enler nature of injury in Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Apparently fell overboard from moving boat 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work | work | x Tall Timber. St. Mary's. River 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion Accident X Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 414 DEPUTY MEDICAL EXAMINER Russell S. Fisher. M.D. NAME (Type) Address (Street, city, lown, or county) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g Holv Face Cemetery Burial Great Mills. Md . 24a, REC'D BY REGISTRAR J. 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME F. B. Robinson - Leonardtown, Md. Thur & drew 5M 9/60

the state of the s AND DESCRIPTION OF STREET, SPECIAL PROPERTY AND ADDRESS OF THE PARTY AN The state of the s Service and the service and th Committee of the commit and a lace out has really and a life of the

TO HO

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

 OTATIONION INDUSTRICALI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CERTIFICA	ATE	OF D	DEATH

8446

08439

1. PLACE OF DEATH o. COUNTY	t. Marvs		MARYLANI	o. STATE		here deceased li	ved. If instituti	0.	pefore admiss	
b. CITY OR TOWN (If outside corporate lim	its, write c. LE	NGTH OF STAY IN 1		,,	outside corporat	e limits, write R			
Leonar				1 1	RFD Me	echanio	esville	9		
d. NAME OF HOSPIT	TAL (If not in hospital,	give street oddres	s)		T ADDRESS	00110111	01444		e. IS RES	
St. Ma	rys Hospi	tal			Rural		WEE			NO [
3. NAME OF DECEASED		rst	Middle	-	Last	4. DATE	Mor	nth	Day	Year
(Type or print)	Willia	m	Godfrey	R	eed	OF DEATH	July	8		19 61
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF B	IRTH	9.	AGE (In years lost birthdoy)		-	7
M	C	WIDOWED [DIVORCED [Augu	st 9.	1884	76 yrs.	Months Do	ys Hours	Min.
100. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	dane 10b. KIND	OF BUSINESS OR IN				ntry)	12. CITIZEN	OF WHAT	COUNTRY?
-	rming		n tenent		Marv]	land			USA	
13. FATHER'S NAME				14. MOTHE	R'S MAIDEN	NAME				
	James R	leed		Jan	e P	Jordon				
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR	RCES? 16. SOCIA	L SECURITY NO. 17	INFORMANT		01 0011	Add	ress		
(Yes, no, or unknown)	(If yes, give war ar dates of	service)		Joseph :	R. Ree	ed - Me	echani	csvill	e, Md	l
	ATH [Enter only one co	ouse per line for	(o), (b), and (c).]	0:1	m 1				NTERVAL BE	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o M	40ca	Weal 1	reck	Luc			."	DEATH
200.1	DUE TO		1 1	" n L)	1				-20
Conditions, if o	ny, which	. Ilal	anle	of To	Im a	hodre	com	w	me	me la
gave rise to i	mmediate (7		1119	7				
lying cause lost.		:)								
PART II. OTI	HER SIGNIFICANT CON	-	IBUTING TO DEATH I	BUT NOT RELATED	TO THE TERM	NINAL DISEASE C	CONDITION GIV	VEN IN PART 1	PERFC	AUTOPSY ORMED?
20a. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUI	RRED. (Enter natur	re of injury in	Part I or Part II	af item 18.)			
	RY Manth, Day, Ye	or 20d. INJURY	OCCURRED 20e.	PLACE OF INJUR	RY (Home, form	m, 20f. (City or	r town)	(Cou	nty)	(Stote)
Hour a.m.	19	While 1	Not while	factory, street, o	ffice bldg., etc	c.)				
		at work c					0/0	2 /1		
21. I certify the	at (I) (this haspita	1) attended th	ne deceased frai	n		,.ta	7-/-15	1964	that (I) ((we) last
saw the decea	sed alive an	AX	19/2/, and tha	t death accur	red a	.M, fram th	ie davses ar	nd an the d		
22a. SIGNATURE	mes P	Ento	15	M.D. ATTENE		AED. DIRECTOR [STAFF PHYS		7/8/6	SIGNED
22c. PHYSICIAN'S NAME (Type)	JAMES P	JARBOE;	MD	22d. AD		brillia;	n, Md.			
23a. BURIAL, CREMATIC	N, 236. DATE THERE	OF 23c.	NAME OF CEMETER	OR CREMATOR	Υ	23d. LOCATIO	N (City, town,	or county)	(Sto	te)
REMOVAL (Specify)	7/10/	61	St. Jose	eph Cem	eterv	Mon	rganza	. Md.		
	SIGNATURE		ADDRESS			D BY REGISTRA		STRAR'S SIGNA	ATURE	1773
Contract of the second	binson -	Leonar	dtown. Me	d.	DATE JI	UL 11 '61	(1	Elmy & A	Trans	

equal . dir. DEVIEW . Je St. Jarya Hogarical .18 thus bead period mailing EFF HERE, CERTIFIED dence Trees dence . dependen and the state of t THE STATE OF THE PARTY OF THE P CHESCHER TO THE SEC. HORSELESS CHESCHER LANGE, THE The state of the s

within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 00110

0 2 2 9				O Train
1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (Where deceased lived,	f institution: Residence before edmission)
St. Mary's	MARYLAND	e. STATE	vland b. cou	0. 22
b. CITY OR TOWN (if outside corporete li				St. Mary's ite RURAL end give neerest town)
write RURAL end give neerest town)				,
Leonardtown	2 hrs.		eat Mills,	
d. NAME OF HOSPITAL OR INSTITUTION	N (if not in hospitel, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
St. Mary's	Hospital			YES X NO
3. NAME OF FI	rst Middle	Lest	4. DATE Mor	th Dey Yeer
(Type or print) Ann	Elizabeth	Russell	OF DEATH Ju	ly 6. 1961
		8. DATE OF BIRTH		Ly 6. 1961 S IF UNDER 1 YEAR IF UNDER 24 HRS.
			last birthdey	
Female White		Sept.13,1879	yrs.	
10a. USUAL OCCUPATION (Give kind of widone during most of working life, even if ret	ork 1Db. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	nty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
House wife	Home		Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME Louise	
James N. Pi	Ilverton		Y KXXXXXXXX A	hall
15. WAS DECEASED EVER IN U.S. ARMED FO			Addre	
(Yes, no, or unkown) (Ifyesgivewerordetes	ofservice)		-33 7 0	1 1/133 1/ 3 1
No		eodore D.Russ	seil Jr. Grea	t Mills, Maryland
18. CAUSE OF DEATH [Enter only o		./		QNSET AND DEATH
PART I. DEATH WAS CAUSED BY:	(o) schuck	ma		his
DUE T	1 /1. 7	9 011		-4
6-120	Jahr Kirks	al illi	101	month
gave rise to immediate cause	(b) 1 E E E E E E	-0	101	
(e), steting the underlying DUET	10			A CAR TO SERVICE
	(c)			
PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION G	IVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
K Fr	active of he	35		YES NO
PART II. OTHER SIGNIFICANT CON 2De. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE	206. DESCRIBE HOW INJURY OCCURE		Pert I or Pert II of item 18.)	
OR CONTRIBUTING CAUSE OF DEAT				
		ACE OF INJURY (Home, fer	m, 2Df. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Hour a.m. 19		ctory, street, office bldg., etc		(County) (Siere)
¥ p.m. 19				
21. I certify that (I) (this hos	pital) attended the deceased from.	4/?	19.5/ 10. 7	.C, 190. , that (I) (we) last
saw the deceased alive on	29 1 . 1 . 1	1 10	09	and on the date stated above.
22e. SIGNATURE	1970 and that	Godin Occured atM	The causes	A 22b BATF
1200 31311/96	11. 1. ~	ATTENDING	MED. STAFF	ala Senso
Jonnes !	· MUNYY - "	11.0.	DIRECTOR PHYS.	117/6/
22c. PHYSIC/AN'S NAME/(Type)	-/1	22d. ADDRESS	1 4 M. 11	
James P.	Jarboe M.D.		reat Mills, M	aryland
230. BURIAL CREMATION, 23b. DATE THE	HEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, 1	own or county) (Stete)
Burial 7/10/6	61 Holy Face		Great Mil	ls, Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. RE	C'D BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE
		- 11		rethun S. France
W.Clarke Mattingley	Leonardtown, Marylar	1d DATE		

e attending physician and compressly filled in by the funeral Then please remove carbon papers. Pages 1 and 2 should dear Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compared director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after The law requires that the death certificate be execut OR ATTENDING PHYSICIAN: 15M 9/60

VR A15 (4)

P P

artist at the second . wiilk trant fittered after . to remain this are the design of the Bept.15,1879 - 1000 dentify the BEFOOL The A Add to the August of the A PERSONAL A COMPANY on form willis there . W. Hesen. . Grossel. THE RESERVE TO A PROPERTY OF THE PARTY OF TH a wife for in the say Mary Land Contract of Estably 1/2018 But the Bush of the second Great Lills Cherry .u.H sought . 5 acts. AN ALLEN PROBLEM country to to to to the testing M. Blarke Matthagley Leonardton, Laryland

FOR STATE HEALTH DEPT TO DEFUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Feath, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 frout after death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATIS	STICAL RESEARC	CH AND RECORDS,	301 W. PRESTON	STREET. BALTIMORE 1.	MARYLAND
8448	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	08441

a. COUNTY St. Mary 1s b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Leonardtown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) St. Mary 8 Hospital 3. NAME OF DECEASED (Type or print) Audress	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Leonardtown d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) St. Mary's Hospital 3. NAME OF DECEASED Middle C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) LEONARD (if outside corporate limits, write RURAL and give nearest town) LEONARD (if outside corporate limits, write RURAL and give nearest town) LEONARD (if outside corporate limits, write RURAL and give nearest town) LEONARD (if outside corporate limits, write RURAL and give nearest town) LEONARD (If outside corporate limits, write RURAL and give nearest town) LEONARD (If outside corporate limits, write RURAL and give nearest town) LEONARD (If outside corporate limits, write RURAL and give nearest town) LEONARD (If outside corporate limits, write RURAL and give nearest town) LEONARD (If outside corporate limits, write RURAL and give nearest town) LEONARD (If outside corporate limits, write RURAL and give nearest town) LEONARD (If outside corporate limits, write RURAL and give nearest town) LEONARD (If outside corporate limits, write RURAL and give nearest town) LEONARD (If outside corporate limits, write RURAL and give nearest town) LEONARD (If outside corporate limits, write RURAL and give nearest town) LEONARD (If outside corporate limits, write RURAL and give nearest town)	
Leonardtown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) St. Mary s Hospital 3. NAME OF DECEASED DECEASED First Middle Lest 4. DATE OF Month Day Year	
Leonardtown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) St. Mary 8 Hospital 3. NAME OF DECEASED First Middle Lest 4. DATE OF Month Day Year	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) St. Mary's Hospital 3. NAME OF DECEASED First Middla Lest 4. DATE OF Month Day Year	
St. Mary St. Hospital 3. Name of Deceased First Middle Lest 4. Date Month Day Year	
3. NAME OF First Middla Lest 4. DATE Month Day Year DECEASED OF	-
DECEASED OF	N.
(Type as asiat)	
Rernice Audrey Shade DEATH 7 26 19 6	1
portition made	
	Ain.
Female Negro WIDOWED DIVORCED Dec. 29, 1955 5 yrs. Months Deys Hours	un.
108. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	NTRY?
dona during most of working life, avan if ratired)	
Maryland U.S.A.	
13. FATHER'S MAIDEN NAME	
mbassas Chada	200
Thomas Shade 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yas, no. or unkown) (Ifvasqiyawarordatesofsayvina)	
Helen M. Shade Leonardtown, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	N
PART I. DEATH WAS CAUSED BY:	LH
	-
DUE TO	
Conditions, if any, which (b)	Die.
gava rise to immediata cause	-
(a), stating the undarlying DUETO	
causa last. J (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT	
PERFORM YES X NO	_
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)	1
PRIMARY Or CONTRIBUTING	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Power of Injury) (State of I	a)
Hour a.m. Whila Not While factory, street, office bldg., etc.)	
Print 1 had been 1	
21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection 🔲, Inquiry 🦳, and in my opin	on
death resulted from: / Natural causes 7. Accident . Suicide . Homicide . Undetermined manner	
CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE ADDITE SIGNATURE ADDITE SIGNATURE ADDITE SIGNATURE	D
DEPLITY MEDICAL EXAMINED TO TOTAL OF TOTAL	
EXAMINER'S	
TELECON TO DO TOO OL O TIED Address (Street, City, town, or county)	
220 BUBLAL CREMATION 226 DATE THEREOF 1220 NAME OF CENTERRY OF CREMATORY	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)	
22a. BURIAL, CREMATION, REMOVAL (Spacify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)	
22a. BURIAL, CREMATION, REMOVAL (Spacify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)	
22a. BURIAL, CREMATION, REMOVAL (Spacify) Burial 7/29/61 Sacred Heart 22c. NAME OF CEMETERY OR CREMATORY Bushwood, Maryland	

the land of the la E Con . A. - PICCA LATER OF A TOWN . ASS. 1281 SS 1885 . . . July of the bearing of the learning of the lea STATE OF THE PARTY OF the first street because the street the street on the stre

CERTIFICATION

MEDICAL

REMOVAL (Specify) Burial

P.B. Robinson - Leonardtown, Md.

23. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8449 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence bearission) 1. PLACE OF DEATH e. COUNTY . STATE Maryland b. COUNTY St. Marys St. Marys MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL end give neerest town) Leonardtown Charlotte Hall d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ad. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO St. Marys Hospital Rural Middle DATE Month Dev Yeer DECEASED OF (Type or print) DEATH STREET 19 July 9 AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED - B. DATE OF BIRTH IF UNDER 24 HRS. lest birthdey) Months male WIDOWED May 22. 1936 yrs. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Labor Sawmil] USA Tennessee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kane Street 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Belle Whitehead dec) 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) | (If yes give wer or detes of service) 1364rnold Street -Charlotte Hall. Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (b) geve rise to immediate cause DUE TO (e), steting the underlying couse last (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. BROIHER 20d. INJURY OCCURRED | 200. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY (Slete) fectory, street, office bldg., etc.) MECHANICSVILLE SAW MILL el work et work 16:00 p.m. Inspection 4 Inquiry 4 21. I certify that I took charge of the remains described above, held an Autopsy death resulted from: Accident Suicide Homicide | "Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7/10/61 DEPUTY MEDICAL EXAMINER EXAMINER'S Wm. D. Boyd. Address (Street, city, town, or componardtown, Md. NAME (Type) WM. D. BC 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)

Family Cemetery

Hampton, 240. REC'D BY REGISTRAR | 246.

DATE JUL 1 2 '61

Tennessee REGISTRAR'S SIGNATURE

Orthur S. Kraus

VS. A15ME 5M 7/59

St. Maryer EVALL TE And the think to see Simo entreinado Isticacil synal .ta (coo) / Discolin elles (co) / desti ent .b. , Lisk edsofamic- Jacata Stong 4851 at Lit 77.070 Newsytal and J. Boyd, an Surfail Willydl Pemily Cometery Charlen, Language P. S. Foodrason - Depreydrown, In.

within 24 hours after TO HOTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour death may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complexy filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2/ be filled with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 43 CERTIFICATE OF DEATH

0150				
1. PLACE OF DEATH a. COUNTY St. Mary's	MARYLAND	e. STATE	CE (Where deceased lived, If b, COUNTY)	institution: Residence before edmission) NTY St. Mary t
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) Rural Park Hall	6 yrs.	c. CITY OR TOWN		e RURAL end give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	pital, giva streel address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES X NO
MAME OF First	W. J. B.	land.	N. William	
DECEASED (Type or print) James	Middle Henry	Toney	4. DATE Month	
5. SEX 6. COLOR OR RACE 7. MARRIEI	NEVER MARRIED B	. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Colored WIDOWE	DIVORCED _		last birthdey) 84 yrs.	Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming			Maryland	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN		
Harvey M. Toney		Elia	zabeth Holand	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgive werordates of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
No		lliam H. Tor	ney	
PART I. DEATH WAS CAUSED BY:	ine 14 (a. (b), end (c).]	196.001	· O acut	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (e)	- cerebray	Varian	nacou	ne 1 > 40 yr
Conditions, if eny, which	timel	1-10-		20,00
gave rise to immediate ceuse	arw. oc			7
(a), steting the underlying DUE TO ceuse lest,				
[6]	ITPIRUTING TO DEATH RUT NO	T PELATED TO THE TERM	INAL DISEASE CONDITION CIV	VEN IN PART 1(a) 19 WAS AUTORSY
OF AND WE SHARE SHARE CONDITIONS SOLVED	THE DESTRICTION OF THE	THE PERMIT	WAR DISEASE CONDITION ON	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Pert I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Yeer 20d. I Hour a.m. While et work	Not While fact	CE OF INJURY (Home, far ory, street, office bldg., etc		(County) (State)
21. I certify that (I) (this hospital) attend	ded the deceased from		19, to	, 19, that (I) (we) last
saw the deceased alive on		death occured at	M. from the causes	and on the date stated above
22 SUGNATURE				22b DATE
1) (1) 1/(1/2)	1 -	DULY D	MED. STAFF	17 L DETENTED
SZC. PHYSICIAN'S	n M	.D. PHYS.	DIRECTOR [] 71113. []	I July al
NAME (Type) Ernest Rehm M	.D.	220. ADDRESS	Lexington Park	, Maryland
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		_ 23d. LOCATION (City, to	wn or county) (Stete)
Bull 1 (17/61	St. John's	Cemetery	Hollywood,	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. RE	C'D BY REGISTRAR 255. RE	GISTRAR'S SIGNATURE
W. Clarke Mattingley Leona		nd		
	7 7	DATE	HH 1 8 '61	Title & Karra

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AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) y is necessary, I director. Page for your files. e. COUNTY of Health, a. STATE b. COUNTY St. Mary's MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) State Board of write RURAL end give neerest town) Leonardtown 5 Min. Rural Dravden NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS may be retained 2 with the State St. Mary's Hospital death. 3. NAME OF Middle 4. DATE Month DECEASED OF tould be executed within 24 hours after death. If a pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be relaburial-transit permit. File pages 1 and 2 with the moval, and in any eyent within 72 hours after d (Type or print) DEATH Henry Alexander Whalen July 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | lest birthdey) June 8,1933 WIDOWED [DIVORCED Colored Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired day laborer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Raymond Whalen Helen Medora Morgan This certificate should be executed within a word "pending" in pencil in Item 18. Giv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or deles of service) Yes Carrie A. Whalen Drayden, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: Fractures Skull IMMEDIATE CAUSE (e) removal, DUE TO Conditions, if eny, which gove rise to immediate cause ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's **FUNERAL** DIRECTOR. Page 3 should be used as a its designated agent, prior to burial, cremation, or rem DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., etc. While Not While - 1 MI-SO - LEONAR DIOWN STHARIS at work - el work & Route #5 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry 4 death resulted from: Natural causes Accident Suicide | Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S William D. Boyd M. D. NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) D REMOVAL (Specify) 940 0 7/26/61 St. Mark's Valley Lee, OH Burial 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR **ADDRESS** VS. A15ME arilly S. Kraus DATE JUL 2 5 '61 5M 7/59 W. Clarke Mattingley Leonardtown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

St. Mary's

Dey

U.S.A.

e. IS RESIDENCE ON A FARM?

YES NO

1961

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

mins.

PERFORMED? NO A

(Stele)

and in my opinion

DATE SIGNED

Maryland

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STATE LANGE

1/16/L1 36 11/16/L1 15/19/19

W. Morting at the day Legisland School, M. Studen

TO VENTILL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours attered by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and concerned filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit.

Defined with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

AV1	WALEVILD SIVIE DE	MKIIMEITI OI	110/30/111	
DIVISION OF STATISTICAL R	ESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
0110	CERTIFICATE	OF DEATH		607.7.5

	8452	CERTIFICAT	TE OF DEATH	1	08445
1. PLACE OF DEAT	н				nstitution: Residence before admission)
St.	Mary s	MARYLAND nits, c. LENGTH OF STAY IN 1b	e. STATE	b. COUNT arytand (If outside corporete limits, write	St. Mary's
write RURAL and	d give neerest town)		X -		
d. NAME OF HOSPI	ITAL OR INSTITUTION	(if not in hospitel, give street eddress)	d. STREET ADDRESS	Loveville,	e. IS RESIDENCE
2			1		ON A FARM?
3. NAME OF	Firs	ry's Hospital	Lest	4. DATE Month	Dey Yeer
(Type or print)	Marie	Somerville	Young	OF DEATH July	31, 19 61
5. SEX		E 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeers)	
Female	Volored		Dec.9,1896	last birth day)	Months Deys Hours Min.
10e. USUAL OCCUPAT	TION (Give kind of wo	rk 10b, KIND OF BUSINESS OR INDUS			12. CITIZEN OF WHAT COUNTRY
House w:	orking life, even if retir i T'es	Home		Maryland	Ü.S.A.
13. FATHER'S NAME		110000	14. MOTHER'S MAIDEN		
\ Wi.	iliam Somer	rville	Jenni	ie Holley	
15. WAS DECEASED EN	ER IN U.S. ARMED FO	PRCES? 16. SOCIAL SECURITY NO. 17.		Address	
(Yes, no, or unkown) (it yes give wer or detes of		mes A. Young	Loveville, M	arviand
	DEATH [Enter only on	ne cause per line for (e), (b), end (c)	1 / 1	4	INTERVAL BETWEEN
	TH WAS CAUSED BY:	Stroke (C	evebral Vz	S. Accide	ONSET AND DEATH
321	X DUE TO				1
Conditions, if en		1.1	sin		
geve rise to Immed	liete ceusa		FELL BLUCK		
(a), steting the ceusa lest.	Indenying				
PART II. OTHE	R SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
20e. ACCIDENT W	AS UNDERLYING CONTROL CAUSE OF DEATH		ED. (Enter nature of injury in	Part I or Part II of item 18.)	
			LACE OF INJURY (Home, ferr	m, ' 20f. (City or town)	(County) (Stete)
20c. TIME OF INJU Hour e.m. p.m.	19		actory, street, office bldg., etc		
	-	oital) attended the deceased from			hi, 19, that (I) (we) last
22a. SIGNAJURE	sed alive on	J. J. J. J., and The	ar dearn occured ar	7.4M, from the causes a	22b. DATE
1	vy b	Bembe	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	SIGNE
22c. PHYSICIAN'S NAME (Type	1	Berube M.D.	22d. ADDRESS	nicsville, Mary	rland
23e. SURIAL, CREMAT	ION, 23b. DATE THE	EREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	rn or county) (State)
REMOVAL (Specify Burial	8/3/6	EXXXXX St.	. Joseph's	Morganza,	Maryland
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	25a. RE	C'D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
W. Clarke	Mattingley	Leonardtown, Mary	land DATE	AUG 4 '61 C	isitus S. Krang

THE REPORT OF THE PARTY OF THE obside lines to figure attended to the figure and the figure and the figure at the fi MALESTON, OF LIVE STORY OF THE Stroke (Central Ves Accord) my sension 2017 D CI 3017 ST 3013 C Les Walcole and the state of t Bundal Street St. Codenies Normana, 1847 Phila The second of the second . Clarke he benefor toomeroom, theyland